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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 133	
1. PLACE OF DEATH				COUNTY <u>Macon</u> STATE <u>ARIZONA</u> REGISTERED NO. <u>835</u>			
TOWNSHIP <u>Phoenix</u> OR VILLAGE				CITY <u>Phoenix</u> NO. <u>1301 Buckeye Road</u> ST. <u></u> WARD <u></u>			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>3</u> YRS. <u></u> MOS. <u></u> DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? <u></u> YRS. <u></u> MOS. <u></u> DS.			
2. FULL NAME <u>Amanda Porter Wiley</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>3</u> YRS. <u></u> MOS. <u></u> DS.			
(A) RESIDENCE: NO. <u>1301 Buckeye Rd.</u> ST. <u></u> WARD <u></u>				(USUAL PLACE OF ABODE)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 7th, 1935</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 1912</u>		7. AGE YEARS <u>23</u> MONTHS <u>5</u> DAYS <u>7</u> IF LESS THAN 1 DAY, HRS. <u></u> OR MIN. <u></u>		22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>7-6</u> 19 <u>35</u> TO <u>7/7</u> 19 <u>35</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housekeeper</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u></u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u></u>		I LAST SAW H.D. ALIVE ON <u>7/7</u> 19 <u>35</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4:00 P.M.</u>	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u></u>		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Anadarko Oklahoma</u>		13. NAME <u>G. Wilson Wiley</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>cerebral hemorrhage</u> DATE OF ONSET <u>7-7-35</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Meridian Mississippi</u>		15. MAIDEN NAME <u>Lucy Ann Porter</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tarboro North Carolina</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Pregnancy</u>	
17. INFORMANT (ADDRESS) <u>G. Wilson Wiley 1301 Buckeye Road</u>		18. BURIAL, CREMATION, OR REMOVAL <u>Forest Lawn Cemetery July 10th 1935</u>		19. EMBALMER LICENSE NO. <u>190AD</u> SIGNATURE <u>Blair D. Ward</u> FUNERAL DIRECTOR <u>East Lake Mortuary</u> ADDRESS <u>1441 East Jeff. Street</u>		NAME OF OPERATION <u></u> DATE OF <u></u> WHAT TEST <u></u> CONFIRMED DIAGNOSIS? <u></u> WAS THERE AN AUTOPSY? <u></u>	
20. FILED <u>7/15</u> 19 <u>35</u> <u>O.W. Thomey Jr.</u> REGISTRAR		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u></u> DATE OF INJURY <u></u> WHERE DID INJURY OCCUR? <u></u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u></u>		MANNER OF INJURY <u></u> NATURE OF INJURY <u></u>	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u></u> IF SO, SPECIFY <u></u>		(SIGNED) <u>O.R. West</u> M. D. (ADDRESS) <u>Seaside Bldg</u>					